2009 ELECTION CYCLE SOS-ME

Delbert Hosemann SECRETARY OF STATE

Political Committee	
nnual Report of Receipts and Disbursement	S
2009	18

JA	N 2 9 2010	)
Cam	paign Fina etary of St	nce
	IBATHESTY	_

Address P.O. Box 18822, Hattlesburg, MS 39404

Telephone 601-271-8625

Alternate Phone Fax 601-271-8629

Email joe@donnellpa.com

Treasurer Joseph Donnell

Director

Check here if above is different from previous report

Name of Committee Committee to Elect Toby Barker State Representative

6012718629

#### TYPE OF REPORT

January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)............All Candidates and **Political Committees** 

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

#### IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

#### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

•	Itemized + Non-itemized *	This Period	Year-To-Date
Total amount of contributions	\$6.830 + \$2,490	\$ 19,320	\$19,320
Total amount of disbursements		<b>\$</b> 1,316	\$ 1,316
Total amount of cash on hand		\$ 20,441	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Directof or Treasurer

Date

Authority: Refer to Miss. Code Ann. \$23-15-801 (1972) et, seq. for statutory requirements. Authority: refer to miss. Coosenin, 342-10-04 (1314) or, sau, for statutory requirements.

Panalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all regislative effices should return form to Secretary of State, Elections Division, P. O. Box 176, Jeckson, MS 39205 or fax to 601-359-1493 or 601-579-2819.

ACM SHOULD BE SEND OF COUNTY WIND AND COUNTY DISTRICT OFFICES Should return forms to their county Circuit Clyrk.

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LHAC		

	- COMMITTEE TO	ELECT TOBY BARKER
Name of Candidate or	Committee COMMITTEE TO	DECEMBER 31 200

# Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009 ITEMIZED RECEIPTS

Source: Corporation DPAC tXIndividual DLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10 /12 /09	300,00
Full name		
ABRAHAM, RALPH	_1_1_	\$
101 GREENWOOD PLACE		\$
City, State, Zip Gode	_!_!_	•
HATTIESBURG, MS 39402 Name of Employer (Required)		\$
SELF-EMPLOYED	Aggregate	300.00
Occupation (Required)	year-to-date	Amount of each
B. Source: D Corporation D PAC B Individual D Loan  D Other (please specify)	(Mo., Day, Year)	receipt this period
U Other (please specify)	10 /12 /09	\$ 200.00
ALBERT, LARRY		300.00
Mailing Address	1 1	\$
701 ADELINE STREET		
City, State, Zip Code	1_1_1_	S
HATTIESBURG, MS 39401		\$
Name of Employer (Required)	_'_'_	•
ALBERT & ASSOCIATES Occupation (Required) ARCHITECT	Aggregate year-to-date	\$ 300.00
G. Source:  ☐ Corporation ☐ PAC XI Individual ☐ Loan ☐ Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 12 / 09	\$ 300.00 (in kind)
BRADLEY,KIM Mailing Address	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	\$
44 ALEX LANE		
City, State, Zip Code	1 1	\$
HATTIESBURG, MS 39402		1_
Name of Employer (Required)		\$
SELF- EMPLOYED Occupation (Required)	Aggregate year-to-date	\$ 300.00 (in kind)
D. Source: Corporation PAC 1 Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 /12 /09	30.00
BRELAND, WESLEY		
Mailing Address	\_'-'-	\$
104 DANBURY LANE City, State, Zip Code	1 1	\$
HATTIESBURG, MS 39402		_
Name of Employer (Required) SELF-EMPLOYED		. s
Occupation (Required) REALTOR	Aggregate year-to-date	\$ 300.00

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Lake		

Reporting period JANUARY 1, 2009

through DECEMBER 31, 2009

Source: D Corporation DPAC Mindividual D Loan	Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)	10 /12 /09	\$ 300.00
BURCKEL, DAVID		\$
Mailing Address	!!	•
7 DOVER TRACE		\$
City, State, Zip Code	-'-'-	
ATTIESBURG, MS 39402		\$
Name of Employer (Required)	\_'-'- <u>_</u>	
SOUTHERN DEVELOPMENT	Aggregate	\$ 300.00
Occupation (Required) ADMINISTRATOR	year-to-date	-
8. Source: Corporation D PAC 13 Individual C Loan	(Mo., Day, Year)	Amount of each receipt this period
C Other (please specify)	10 .12 .09	\$
Full name	10 / 12 / 09	300.00
BRYANT, RAYMOND Mailing Address		5
Current Country Countr	-'-'-	
2304 SUNSET DRIVE City, State, Zip Code	1 1	\$
HATTIESBURG, MS 39402		
Name of Employer (Required)	1.1	\$
RETIRED		
Occupation (Required) RETIRED	Aggregate year-to-date	300.00
C. Source: D Corporation D PAC X3 Individual D Loan D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CARMICHAEL, BEN	10 / 12 / 09	\$ 300.00
Mailing Address	1 1	\$
106 COLONIAL PLACE		-
City, State, Zip Code		\$
HATTIESBURG, MS 39402		\$
Name of Employer (Required)		
RETIRED Occupation (Required)	Aggregate year-to-date	\$ 300.00
D. Source: D Corporation D PAC X Individual D Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 /12 /09	\$
CARR,MATT	10,12,70	30.00
Mailing Address		\$
216 SOUTH 12TH AVENUE		1.
City, State, Zip Code HATTIESBURG, MS 39402		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00

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#### Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009 ITEMIZED RECEIPTS

A. Source: D Corporation DPAC & Individual D Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		\$ 300.00
COLE,TIM Mailing Address		\$
1 QUAIL HOLLOW ROAD	101 700	\$
City, State, Zip Code	-'-'-	
HATTIESBURG, MS 39402 Name of Employer (Required)	_'_'_	\$
SELF-EMPLOYED Occupation (Required)	Aggregate year-to-date	\$ 300.00
PHYSICIAN	year-to-date	Amount of each
B. Source: © Corporation © PAC & Individual © Loan  © Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	10 / 12 / 09	\$ 300.00
CONVILLE, DICK		\$
Malling Address	1_'_'	•
205 SOUTHAMPTON ROAD  City, State, Zip Code	, ,	\$
HATTIESBURG, MS 39401 Name of Employer (Required)		\$
Name of Employer (Narthmen)	'	
Occupation (Required) PROFESSOR	Aggregate year-to-date	300.00
C. Source: Corporation PAC X Individual Loan  O Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 12 / 09	\$ 300.00
CROMARTIE, DEAN	- , ,	\$
Mailing Address 115 BEDFORD ROAD	'	
City, State, Zip Gode	1 1	\$
HATTIESBURG, MS 39402		
Name of Employer (Required) SELF-EMPLOYED	''_	\$
Occupation (Required) PHYSICIAN	Aggregata year-to-date	300.00
D. Source:  Corporation PAC individual Loan  Other (please specify)	Data (Mo., Day, Year)	Amount of each receipt this period
Full name	10 /12 /09	380.00
DONNELL,ROBERT  Mailing Address		s
59 LONGWOOD DRIVE		
City, State, Zip Code HATTIESBURG, MS 39402	'	\$
Name of Employer (Required) VITALCARE PHARMACY		\$
Occupation (Required) PHARMACIST	Aggregate year-to-date	\$ 300.00

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Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

A. Source: D Corporation D PAC ØIndividual D Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10 / 12 / 09	\$ 300.00
DREWS, FRED		S
Mailing Address	_'_'	
2609 MIMOSA LANE		\$
City, State, Zip Code	1_1_1_1	
HATTIESBURG, MS 39402		\$
Name of Employer (Required)		•
SELF-EMPLOYED	Aggregate	
Occupation (Required)	year-to-date	300.00
DENTIST		Amount of each
B. Source: © Corporation © PAC M Individual © Loan	(Mo., Day, Year)	receipt this period
C Other (please specify)		\$
Full name	10 / 12 / 09	300.00
FINNEGAN, CHARLIE		\$
Mailing Address		
P.O. BOX 86		\$
City, State, Zip Code	, ,	•
HATTIESBURG, MS 39403		
Name of Employer (Required)	1 1	\$
FINLO CONSTRUCTION CO.		15
Occupation (Required)	Aggregate year-to-date	300.00
CONTRACTOR	100,100	Amount of each
C. Source:   Corporation   PAC XI Individual   Loan   Cther (please specify)	(Mo., Day, Year)	receipt this period
10.100 131.740.7 131.740.7	40 40 400	\$
Full name	10 / 12 / 109	300.00
FOKAKIS, ARTHUR		\$
Mailing Address 120 WILDWOOD TRACE	1-'-'-	100
City, State, Zip Code	7 7 7	\$
HATTIESBURG, MS 39402	'	
Name of Employer (Required)		\$
SELF-EMPLOYED	—'—'—	
Occupation (Required) PHYSICIAL	Aggragate year-to-date	300.00
D. Source: [] Corporation   D PAC   Individual   D Loan   D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 112 109	
GALEY, GLENN	10 / 12 / 09	300.00
Mailing Address		\$
207 SOUTHAMPTON ROAD		300
City, State, Zip Code	1 1	\$
HATTIESBURG, MS 39402		
Name of Employer (Required) SOUTH GROUP		\$
Occupation (Required) INSURANCE AGENT	Aggregate year-to-date	\$ 300,00

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Lake	-	

Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER

Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

A. Source:   Corporation   DPAC   XI Individual   DLoan	Date (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)Full name	10 / 12 / 09	\$ 300.00
GOFF, LES MORGAN Mailing Address	+ 7 7	\$
40 ST. ANDREWS CIRCLE		
City, State, Zip Gode		\$
HATTIESBURG, MS 39401 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	300.00
B. Source:   Corporation   PAC   Individual   Loan   Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 /12 /09	\$
HALE, DR. ERIC		300.00
Mailing Address		\$
415 SOUTH 28TH AVENUE City, State, Zip Code	1 1	\$
HATTIESBURG, MS 39402	==	s
Name of Employer (Required) HATTIESBURG CLINIC	-'-'-	1.72
Occupation (Required) PHYSICIAN	Aggregate year-to-date	\$ 300.00
C, Source: Corporation PAC S Individual Lean  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 /12 /09	\$ 300
HENDERSON,JIM		\$
Mailing Address 45 HONORS LANE	-'-'-	
City, State, Zip Code		\$
HATTIESBURG, MS 39402	-'-'-	100
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 300
D. Source: Corporation PAC D Individual C Loan Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Full name	10 /12 /09	300.00
HICKS, CLARK Mailing Address		
201 WILDWOOD TRACE		\$
City, State, Zip Code HATTIESBURG, MS 39402		\$
Name of Employer (Required) SELF-EMPLOYED	'	\$
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$ 300.00

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Reporting period JANUARY 1, 2009

through DECEMBER 31, 2009

A. Source:   Corporation   CPAC   Mindividual   Cloan	(Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)	10 / 12 / 09	\$
Full name		300,00
ACKSON, MELISSA		\$
102 DANBURY LANE		s
City, State, Zip Code		i.f
ATTIESBURG, MS 39402		\$
Name of Employer (Required)	_'_'_	•
Occupation (Required)	Aggregate year-to-date	\$ 300.00
B. Source: Corporation C PAC 2 Individual C Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	10 /12 /09	\$
Full name	10 12 155	300.00
JAMES, GWEN		5
Mailing Address	-'-'-	255
1109 SOUTH 34TH AVENUE City, State, Zip Code	1 1	\$
HATTIESBURG, MS 39402		
Name of Employer (Required) SELF-EMPLOYED	_' <u>-</u> '_	\$
Occupation (Required) REALTOR	Aggregate year-to-date	\$ 300.00
C. Source: D Corporation D PAC X0 Individual D Loan  D Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Full name JEFCOAT BOB	10 / 12 / 09	\$ 300.00
Mailing Address	1_1_	\$
918 SOUTH 34TH AVENUE		
City, State, Zip Code	1_1_	\$
HATTIESBURG, MS 39402		
Name of Employer (Required) HATTIESBURG CLINIC	_'_'_	S
Occupation (Required) ADMINISTRATOR	Aggregate year-to-date	\$ 300.00
D. Source: Corporation PAC X Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 12 / 09	380.00
MALONE, KEN Mailing Address	741 741	
69 BIENVILLE TRACE		\$
City, State, Zip Code		s
HATTIESBURG, MS 39402 Name of Employer (Required)		
using at embrolia (pedanos)		\$
Occupation (Required) PROFESSOR	Aggregate year-to-date	300.00

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through DECEMBER 31, 2009 Reporting period JANUARY 1, 2009

Source:   Corporation   CPAC   Individual   Clean	(Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10 / 12 / 09	\$ 1985.75 (in kind)
MCMULLAN, PAUL		\$
Mailing Address	_'_'_	•
CHEROKEE CIRCLE		\$
City, State, Zip Code	\_'-'-	
HATTIESBURG, MS 39402		\$
Name of Employer (Required)	-'-'-	A
SELF-EMPLOYED -	Aggregate	S (In bleet)
Occupation (Required) BUSINESSMAN	year-to-date	1985.75 (in kind)
B. Source: D Corporation D PAC To Individual C Loan  Dither (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Full name	10 /12 /09	\$
MORRIS, TOXEY	15/5/5	300.00
Malling Address	1 1	\$
1101 SOUTH 34TH AVENUE	'-'	
City, State, Zip Gode		\$
HATTIESBURG, MS 39402		
Name of Employer (Required)	1 1	\$
RETIRED	Aggregate	
Occupation (Required) PHYSICIAN	year-to-date	300.00
C. Source: ☐ Corporation ☐ PAC ঠ Individual ☐ Loan ☐ Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Full name OLIVER, BILL	10 / 12 / 09	300.00
Mailing Address		\$
P.O. BOX 16878		
City, State, Zip Code	1 1	\$
HATTIESBURG, MS 39404		-
Name of Employer (Required)		\$
FORREST GENERAL HOSPITAL	Aggregate	S
Occupation (Required) ADMINISTRATOR	year-to-date	\$ 300.00
D. Source: Corporation D PAC & Individual D Loan D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 /12 /09	
OTT, DAVID		30.00
Mailing Address	11	\$
310 SOUTH 22ND AVENUE		
City, State, Zip Code HATTIESBURG, MS 39402		\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate year-to-date	\$ 300.00

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Reporting period JANUARY 1, 2009

1, 2009 through DECEMBER 31, 2009

ITEMIZED RECEIPTS

A. Source:   Corporation   DPAC   Mindividual   Discon	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10 / 12 / 09	\$
OWENS, GENE		300.00
Malling Address	'	\$
2108 HARDY STREET		\$
City, State, Zip Code	_'_'_	*
HATTIESBURG, MS 39401		\$
Name of Employer (Required) DWENS BUSINESS MACHINES	<u> </u>	
Occupation (Required) OWNER	Aggregate year-to-date	\$ 300.00
B. Source: Corporation PAC S individual Loan  D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 /12 /09	\$
PARKMAN.CHARLIE	10 112 100	300.00(in kind)
Mailing Address	1 1	\$
300 SIXTH AVENUE	''-	
City, State, Zip Code	1 1	\$
HATTIESBURG, MS 39401		
Name of Employer (Required) HATTIESBURG CLINIC	_'_'_	\$
Occupation (Required) PHYSICIAN	Aggregate year-to-date	300.00(in kind)
C. Source:   Corporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name POYNTER, LOUIS	10 / 12 / 09	\$ 300.00
Melling Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
1010 SOUTH 34TH AVENUE	'	
City, State, Zip Gode		\$
HATTIESBURG, MS 39402	-'-'-	
Name of Employer (Required)		5
Occupation (Required)	Aggregate year-to-date	\$ 300.00
D. Source: [] Corporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name RATLIFF, MIKE	10 / 12 / 09	380.00
Mailing Address	, ,	s
P.O. BOX 17738	''_	*
City, State, Zip Code HATTIESBURG, MS 39404		\$
Name of Employer (Required)		
SELF-EMPLOYED		\$
Occupation (Required) ATTORNEY	Aggregate year-to-date	\$ 300.00

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through DECEMBER 31, 2009 Reporting period JANUARY 1, 2009

A. Source:   □ Corporation □ PAC □ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10 /12 /09	\$ 300.00
RAY, BILL		
Mailing Address	_/_/_	\$
NORTH POINT		s
City, State, Zip Code	_!_!_	
HATTIESBURG, MS 39402		S
Name of Employer (Required)	-'-'-	
RETIRED	Aggregate	300.00
Occupation (Required) RETIRED	year-to-date	
B. Source: © Corporation © PAC & Individual © Loan  © Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
	10 /12 /09	\$
Full name RHODES, BOB	10 / 12 / 40	300.00
Mailing Address	1 1	\$
104 REDBUD LANE	'	
City, State, Zip Gode		S
HATTIESBURG, MS 39402	''	
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 300.00
C. Source: Corporation PAC X Individual Loan C Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Full name	10 /12 /09	\$ 300.00
ROBERTS, DOC		\$
Mailing Address 1612 ADELINE STREET	'	
City, State, Zip Code		\$
HATTIESBURG, MS 39401	''_	
Name of Employer (Required)	1 1	\$
SELF-EMPLOYED	Aggregate	14
Occupation (Required) SELF-EMPLOYED	year-to-date	\$ 300.00
D. Source: Corporation PAC X Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 /12 /09	
SALIBA, KIT	<u> </u>	30.00
Mailing Address	11	\$
101 HEATHERWOOD DRIVE		
City, State, Zip Code HATTIESBURG, MS 39401	!	\$
Name of Employer (Required)		s
Occupation (Required)	Aggragate	S
Occupation (reduired)	year-to-date	300.00

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Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009

L Source: □ Corporation □ PAC ≦ Individual □ Loan	Oate (Mo., Day, Year)	Amount of each receipt this period
☐ Other (please specify)	10 /12 /09	\$
Full name		300.00
SIMMONS, JACK	1_1_	\$
801 HARDY STREET		
City, State, Zip Code	1_1_1_	S
HATTIESBURG, MS 39401		
Name of Employer (Required)	1 1	\$
SIMMONS FURNITURE COMPANY		
Occupation (Required)	Aggregate year-to-date	300.00
BUSINESS OWNER	7	Amount of each
B. Source: C Corporation D PAC & Individual D Loan	(Mo., Day, Year)	receipt this period
Other (please specify)	40 40 .00	\$
Full name	10 / 12 / 09	300.00
SMITH, CURTIS		\$
Mailing Address	\'_	
104 BEVERLY LANE		\$
City, State, Zip Code	1-1-1-	
HATTIESBURG, MS 39402		\$
Name of Employer (Required)	\_'_'_	•
SELF-EMPLOYED	Aggregate	S
Occupation (Required) ATTORNEY	year-to-date	\$ 300.00
C. Source: Corporation D PAC & Individual D Loan  Other (please specify)	Data (Mo., Day, Year)	Amount of each receipt this period
Full name	- 1	\$
TANNER, HOYT		344.00 (in kind)
Mailing Address	1 1	\$
510 WALNUT STREET		-
City, State, Zip Code	1 1	\$
HATTIESBURG, MS 39401		
Name of Employer (Required)		\$
	Aggregate	S
Occupation (Required)	year-to-date	344.00 (in kind)
D. Source: [] Corporation [] PAC [] Individual [] Loan  [] Other (please specify)	Data (Mo., Day, Year)	Amount of each receipt this period
Full name	40 .40 .00	
WAITES, THAD	10 / 12 / 09	380.00
Mailing Address	0.0	\$
1017 RICHBURG ROAD	''_	
City, State, Zip Gode	1 1	\$
HATTIESBURG, MS 39402		1
Name of Employer (Required)	//_	\$
Occupation (Required)	Aggregate	\$
Cocupation (restaures)	year-to-date	\$ 300.00

DONNELL AND COMPANY

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Name of Candidate or Committee COMMITTEE TO ELECT TOBY BARKER

through DECEMBER 31, 2009 Reporting period JANUARY 1, 2009

A Source: O Corporation O PAC Mindividual O Loan	(Mo., Day, Year)	receipt this period
Other (please specify)	10 / 12 / 09	\$ 300.00
WARE, DAVE		\$
Mailing Address	1-'-'-	· *
402 REBECCA AVENUE		\$
City, State, Zip Gode	_'_'_	
HATTIESBURG, MS 39401		\$
Name of Employer (Required) HATTIESBURG CLINIC	'	
Occupation (Required)	Aggregate year-to-date	300.00
B. Source: Corporation C PAC D Individual C Loan C Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	10 /12 /09	\$
Full name	10 / 12 / 05	500.00
WARREN, LAWRENCE A		\$
Mailing Address	-'-'-	
P.O. BOX 572 City, State, Zip Code		S
HATTIESBURG, MS 39403		5
Name of Employer (Required) SELF-EMPLOYED	''_	
Occupation (Required) BUSINESS OWNER	Aggregate year-to-date	500.00
C. Source:     Corporation   PAC   Individual   Loan	(Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 12 / 09	\$ 250.00
HUGHES, PATRICIA L.		\$
Mailing Address	-'-'-	
1 LAKE HILL City, State, Zip Code		\$
	'	1
HATTIESBURG, MS 39402 Name of Employer (Required)		\$
RETIRED	''-	
Occupation (Required) RETIRED	Aggregate year-to-date	\$ 250.00
D. Source: [  Corporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year	Amount of each receipt this period
	10 /12 /09	
GAMMILL, STEWART	10 / 12 / 03	250.00
Mailing Address	1 1	\$
1 CHEROKEE CIRCLE	''	
City, State, Zip Code HATTIESBURG, MS 39402	''-	. \$
HAT HEADORS, MIS SETUZ		5
Name of Employer (Required)	1 1	

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#### Reporting period JANUARY 1, 2009 through DECEMBER 31, 2009 ITEMIZED RECEIPTS

Source: ECorporation DPAC Dindividual DiLoan	(Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		\$ 1000.00
VARREN PAVING		\$
O. BOX 572		\$
City, State, Zip Code	1-1-1-1	
HATTIESBURG, MS 39403		\$
Name of Employer (Required)	'	
Occupation (Required)	Apgregate year-to-date	1000.00
B. Source: D Corporation D PAC (X Individual D Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	10 / 12 / 09	\$ 250.00
OWEN, DR.DAVID		\$
Mailing Address	'	
604 WOODBINE LANE		S
City, State, Zip Code	\_'-'-	
HATTIESBURG, MS 39402 Name of Employer (Required)		\$
RETIRED PHYSICIAN		-
Occupation (Required) RETIRED PHYSICIAN	Aggregate year-to-date	\$ 250.00
C. Source: Corporation C PAC & Individual Coan C Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 12 / 09	\$ 250.00
HELVESTON, WENDELL Mailing Address		\$
112 WATERFORD		-
City, State, Zip Code	1_1_	\$
HATTIESBURG, MS 39402		
Name of Employer (Required)		\$
HATTIESBURG CLINIC Occupation (Required)	Aggregate year-to-date	\$ 250.00
D. Source: D Corporation C PAC N Individual C Loan  C Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 /12 /09	30,00
BRAHAN, DR. JOHN		
Mailing Address	-'-'-	S
21 SALBEKA CROSSING City, State, Zip Code		\$
HATTIESBURG, MS 39402 Name of Employer (Required)	1 1	s
HATTIESBURG CLINIC		0, 1897.
Occupation (Required) PHYSICIAN	Aggregate year-to-date	300.00